

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>71538</i>	<i>08-02-00</i>
O.I.P.E. CLASSIFIER		<i>59</i>	<i>84</i>
FORMALITY REVIEW		<i>181048</i>	<i>9250</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	<i>03/04/02</i>
2	<i>11/13/02</i>
3	<i>5/5/03</i>
4	<i>5/5/03</i>
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50	<i>5/5/03</i>

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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